

Comprehensive Choices

Comprehensive Choices is the plan that covers members who meet nursing facility (NF) level of care. The member may be in a nursing home or be in the:

- Home and Community Based (HCB) Waiver (aged and/or disabled)
- Model II Waiver (ventilator-dependent), or
- Acquired Brain Injury (ABI) Waiver

This plan has all the benefits that are included in Global Choices. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Some people covered by *KyHealth Choices* never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home
- Members living in a nursing facility

Co-pays cannot be more than 5% of a family's income per quarter

Call *KyHealth Choices* at 1-800-635-2570 with questions about your benefits or visit the website at <https://kyhealthchoices.fhsc.com>

Comprehensive Choices		
Benefit/Service	ABI, Model II, or HCB Waiver Co-pays	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum*	\$225 per calendar year (January – December)	See prescription drug benefits
Acute Inpatient Hospital Services	\$10 co-pay	
Laboratory, Diagnostic and Radiology Services		
Out-patient Hospital / Ambulatory Surgical Centers	\$3 co-pay	
Physician Office Services **		
Behavioral Health Services***		
Allergy Services		Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		

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Dental Services		<ul style="list-style-type: none"> Children under 21, to include: <ul style="list-style-type: none"> - 2 cleanings per 12-month period - Extractions - 1 set of x-rays per 12-month period - Other dental services are available Adults 21 and over: <ul style="list-style-type: none"> - 1 cleaning per 12-month period - Extractions - 1 set of x-rays per 12-month period
Family Planning		
Occupational Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Physical Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Speech Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Hospice (non-institutional)		
Non-Emergency Transportation		Only to a <i>KyHealth Choices</i> -approved medical service, <i>not to pick up prescriptions.</i> (KCHIP III children who pay a monthly premium are not eligible for non-emergency transportation)
Chiropractic Services		Limited to 26 visits per 12-month period for children and adults

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Prescription Drugs (For Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> • \$1 co-pay generic • \$2 co-pay preferred brand • 5% co-insurance non-preferred brand up to a maximum of \$20 per prescription 	<ul style="list-style-type: none"> • Members are normally limited to 4 prescriptions per month with a maximum of 3 brand names • The 4-prescription limit does not apply to children under 19 or people without Medicare Part D coverage and who live in nursing homes • Insulin is excluded from the 4-prescription limit • Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> • Limited to children under 21 • Not to exceed \$800 per ear every 36 months
Audiometric Services		<ul style="list-style-type: none"> • Limited to children under 21 • One audiologist visit per calendar year
Vision Services	\$2 co-pay for ophthalmologic or optometric office visit	<ul style="list-style-type: none"> • Eyewear limited to children under 21 • \$400 limit per calendar year. Maximum paid for one pair of glasses is \$150. • Adults and children limited to 1 eye exam per calendar year
Prosthetic Devices		
Home Health Services		
Durable Medical Equipment (DME)	3% co-insurance up to a maximum of \$15 per month	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21 (KCHIP III children who pay a monthly premium are not eligible for EPSDT Special Services)
Substance Abuse		EPSDT and pregnant women only (KCHIP III children who pay a monthly premium are not eligible for EPSDT Special Services)

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Maternity Services <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy-related services • Services for other conditions that might complicate pregnancy • 60 days postpartum pregnancy-related services 		
Podiatry Services	\$2 co-pay	
End Stage Renal Disease and Transplants		

* The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

** 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

*** 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.

If you are in Optimum or Comprehensive Choices and would rather be in Global Choices, call 1-800-635-2570 to change. Keep in mind Global Choices has higher co-pays and more service limits.